

Small Grants Application Form 2026/2027

Form Preview

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* indicates a required field

Grants are available for activities which contribute to an inclusive, safe and vibrant community.

Please read the [Community Grants Guidelines and Terms and Conditions](#) prior to completing the application form.

Notification of Outcome: Applicants will be notified about the outcome approximately 4 weeks after the application submission. Proposals must consider this timeframe.

Applicant Details

Applicant Type *

- Individual
- Group (unincorporated)
- Group (incorporated)
- School
- Sports Club

Individual's Residential Address

Residential Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
(Individual's residential address)

Contact Details

Organisation/Individual's Name *

Organisation's name or Individual's given and surname

Applicant *

Individual Organisation

Organisation Name

Title First Name Last Name

Organisation's ABN (If applicable)

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The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Organization's Operating Address

Address

GST Registered *

- Yes
 No

Contact Person for Application

Contact name *

First Name

Last Name

Position held in the organization

Contact number (business hours): *

Email address *

Activity Details

* indicates a required field

Activity Name *

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Location of activity if different from operating address

Expected attendance *

Must be a number.

Please provide an estimated number of attendees or participants expected for the event, activity, or project.

Activity start date *

Must be a date

Activity finish date

Must be a date

Amount requested: *

\$

Must be a dollar amount.

Up to 500

Brief activity description: *

Describe the activity you will deliver and/or any goods and services you plan to purchase.

Group Beneficiaries *

Describe your target audience. Describe the consultation/activities/engagement undertaken to identify how you know the event/project/equipment is wanted by the community.

Activity Detail

* indicates a required field

Project Objectives

- Create opportunities for shared cultural and artistic expression
- Promote awareness and appreciation of Aboriginal culture and heritage
- Facilitate connections, learning and activities for all
- Build the capacity of your organisation to respond to identified community need
- Foster collaboration between groups, business and stakeholders

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- Advocate and deliver opportunities for healthy activity and lifestyles
 - Facilitate and partner to deliver a range of recreation and leisure services/ facilities
 - Collaborate to ensure safe places and spaces for all
 - Nurture connections between people and the places they share
 - Advocate for and deliver well-managed natural areas supporting biodiversity and appropriate recreation
 - Undertake activities to minimise and reuse waste
 - Enhance the health of the Canning River, waterways and surrounding natural areas
 - Reduce reliance on fossil fuels and optimise the use of natural resources
 - Raise awareness and engage with others to protect, respect and enjoy the natural environment
 - Promote and educate the community on sustainability and waste management practices
 - Proactively respond to the impacts of climate change
 - Promote social inclusion and equitable access to all
- Select the objectives which best align with your activity.

How do you believe this grant will impact the local community? *

Consider the short- and long-term benefits of your project, and how it will contribute to community wellbeing, inclusion, participation, or local development.

How will you promote your activity to potential participants and the Canning community?

- social media
- website
- media releases
- Newsletter
- Other

Website

Must be a URL.

Social Media URLs

Will any changes be made to any council owned facilities? e.g. Fixtures being installed in leased properties *

- Yes
 - No
 - I have attached email confirmation from City of Canning
- If yes, please include email confirmation from the City of Canning this change is approved for your application to be assessed.

Storage Location for Grant-Funded Assets

Where will the items purchased with the grant be stored (if applicable)?

- City Facility
- Personal Address

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b) List other goods and services to be contributed by applicant including in-kind contributions or other funding. \$

	\$
	\$
	\$

Sources of Funds

c) Please outline how you will pay for the items listed above (*total expenditure*)

Income

\$

City of Canning Grant	\$
Applicant contribution	\$
Other sources... Please list	\$
	\$
	\$

Will your activity generate any income? If yes, how will this be reinvested into the Canning community? If you plan to charge participants to attend the funded activity, please indicate the cost.

Documentation Checklist

* indicates a required field

Please submit the following documentation:

- Download and complete this [Grant Payment Request Form](#)

Your proof of bank details could be a bank statement, letter or screenshot (of your banking app for example), that shows:

- Bank logo
- Name of account holder
- BSB
- Account number

Grant Payment Request Form

Attach a completed Grant Payment Request form *

Attach a file:

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Please click on the hyperlink to download and complete the Grant Payment Request form and submit here. <https://canning.smartygrants.com.au/d/files/dlm/1bb255ac69be451d1de4948d452fa1634e8a27e>

Proof of Bank Details

Attach copy of the bank statement header or screen shot confirming the bank account details *

Attach a file:

Proof of bank details could be a bank statement, letter or screenshot (of your banking app for example), that shows: Bank logo, Name of account holder, BSB, and Account number

Quotes

Attach supplier issued quotations or screen prints for items of \$501 and greater

Attach a file:

Public Liability Insurance

Attach a copy of your public liability insurance or your auspice organisation's liability insurance (optional)

Attach a file:

Supporting Documents

Attach any supporting documents

Attach a file:

Declaration

* indicates a required field

I hereby certify that I am authorised to prepare and submit this application.

I have read, and agree to the Community Grant Program terms and conditions as outlined in the [Community Grant Program Guidelines](#).

The information contained herein is to the best of my knowledge true and correct.

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Authorised Person's Name *

First Name

Last Name

Position held in the organization

Date of declaration *

I confirm that I have read, and agree to the Community Grant Program Terms and Conditions *

yes